

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office of the Assistant Secretary for Health, Office of Adolescent Health

FUNDING OPPORTUNITY TITLE: Announcement of the Availability of Funds for Phase I New and Innovative Strategies (Tier 2) to Prevent Teenage Pregnancy and Promote Healthy Adolescence

ACTION: Notice

ANNOUNCEMENT TYPE: INITIAL COMPETITIVE COOPERATIVE AGREEMENT

FUNDING OPPORTUNITY NUMBER: AH-TP2-18-001

CFDA NUMBER: 93.297

CFDA PROGRAM: TEEN PREGNANCY PREVENTION PROGRAM

DATES:

Non-binding Letters of Intent: We are requesting non-binding letters of intent. Your letter of intent is due May 21, 2018.

Technical Assistance:

A technical assistance webinar for potential applicants will be held within 30 days from the posting of this announcement. Please visit <https://www.hhs.gov/ash/oah/grant-programs/funding-opportunities/index.html> for more information.

Please be sure to review the entire announcement promptly so you can have any questions answered well in advance of the application due date.

Applications: Your application is due June 29, 2018 by 6 p.m. Eastern Time. To receive consideration, you must submit your application electronically via Grants.gov no later than this due date and time. If you do not submit your application by the specified deadline, we will

return it to you unread. You must submit electronically via Grants.gov unless you obtain a written exemption from this requirement 2 business days in advance of the deadline from the Director, HHS/Office of the Assistant Secretary for Health (OASH) Office of Grants Management (OGM). To obtain an exemption, you must request one via email from the HHS/OASH OGM, and provide details as to why you are technologically unable to submit electronically through Grants.gov. Your request should be submitted at least 4 business days prior to the application deadline to ensure your request can be considered prior to 2 business days in advance of the deadline. If you request an exemption, include the following in your e-mail request: the HHS/OASH announcement number; your organization's DUNS number; your organization's name, address and telephone number; the name and telephone number of your Authorizing Official; the Grants.gov Tracking Number (for example, GRANT####) assigned to your submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to ogm.oash@hhs.gov. Note: failure to have an active System for Account Management (SAM) registration prior to the application due date will not be grounds for receiving an exemption to the electronic submission requirement. Failure to follow Grants.gov instructions to ensure software compatibility will not be grounds for receiving an exemption to the electronic submission requirement.

The HHS/OASH OGM will only accept applications via alternate methods (hardcopy paper via U.S. mail or other provider or PDF via email) from applicants obtaining prior written approval. If you receive an exemption, you must still submit your application by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via U.S. mail or other service or PDF via email) with an

approved written exemption will be accepted. *See* Section D.7 (“Other Submission Requirements”) for information on application submission mechanisms.

To ensure adequate time to successfully submit your application, HHS/OASH recommends that you register as early as possible in Grants.gov since the registration process can take up to one month. For information on registering for Grants.gov, refer to <http://www.grants.gov> or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

Your organization is strongly encouraged to register multiple authorized organization representatives in Grants.gov to ensure someone is available to submit your application.

EXECUTIVE SUMMARY: The Office of Adolescent Health announces the availability of funds for Fiscal Year (FY) 2018 **cooperative agreement awards** under the authority of Division H, Title II of the Consolidated Appropriations Act, 2018 (Public Law No. 115-141). The Office of Adolescent Health announces two different teen pregnancy prevention funding announcements for two different purposes:

Tier 1, in which grantees are required to replicate a program and

Tier 2, in which grantees are required to test new and innovative strategies.

This notice solicits applications for Tier 2 projects. Proposals are required to develop and test new and innovative strategies to prevent teen pregnancy by promoting healthy adolescence and addressing youth sexual risk holistically by enhancing protective factors in order to result in healthy decision making and future thriving. Projects will be funded to **evaluate and test**

innovative strategies to reduce teen pregnancy, improve adolescent health and address youth sexual risk holistically by focusing on protective factors.

Phase I: The objective for Phase I is to establish project merit and feasibility and to generate preliminary data prior to seeking further support for Phase II. Phase I awards will have a ceiling of up to \$750,000 for a period of 24 months (two 12-month budget periods up to \$375,000 per year). The anticipated funding period is from 09/01/2018 through 08/31/2020. We anticipate awarding approximately 75 Phase I projects.

Phase II: Phase II constitutes a separate competition limited to successful Phase I awardees. The objective for Phase II is to build upon results achieved in Phase I. Funding is based on success demonstrated in Phase I, the merit and feasibility of the Phase II proposal, and the availability of funds. We anticipate Phase II awards will have a ceiling of \$1,000,000 per year for two years. The anticipated project period is from 09/01/2020 through 08/31/2021. OASH/OAH anticipates accepting Phase II applications in Spring 2020 subject to the availability of funds.

Findings in Phase I may require applicants to modify their plans for Phase II from what was proposed in Phase I; modifications in scope or direction will need to be justified in Phase II applications.

HHS/OASH encourages applicants to review all program requirements, eligibility information, application format and submission information, evaluation criteria and other information in this funding announcement to ensure that its application complies with all requirements and instructions.

A. PROGRAM DESCRIPTION:

Purpose

The purpose of this funding opportunity announcement is to develop and test new and innovative strategies to prevent teen pregnancy, promote healthy adolescence and address youth sexual risk holistically to result in healthy decision making and future thriving by enhancing protective factors with youth, with supplementary focus possible at the systems-level and/or with families and/or caregivers. Projects are expected to have high potential to enhance protective factors shown to improve the health of adolescents aged 10-19.

Projects will be funded to **evaluate and test programs or strategies** to improve adolescent health and address youth sexual risk holistically by focusing on protective factors.

Background

Teen Births and Disparities

In 2016, teen birth rates in the United States continued to drop to a record low since their peak in the early 1990's. The birth rate for teens aged 15-19 declined nine percent from 2015 to 2016 to 20.3 births per 1,000 women and declined 51 percent since 2007 [1]. Additionally, among high school students, there was a significant decrease in prevalence of having ever had sex from 2013 (46.8%) to 2015 (41.2%) and a significant decrease in having had sex in the last three months from 2013 (34.0%) to 2015 (30.1%) [2].

According to the January 2018 MMWR report by the Centers for Disease Control and Prevention's (CDC), the majority of teens have never had sex and the percentage of teens who have never had sex has set a new record, making this funding announcement especially relevant for reinforcing these healthy choices. The majority of teens from every ethnicity have not had sex, with the most impressive decreases among African-American and Hispanic youth,

demonstrating the broad appeal for avoiding sexual risk. [2] The Teen Pregnancy Prevention program is designed to give youth the information and skills that will enable them to prevent pregnancy and related risks, in order to successfully navigate adolescence into adulthood

More work remains. The 2015 Youth Risk Behavior Surveillance report notes that many high school students are engaged in health-risk behaviors associated with the leading causes of death among persons aged 10–24 years in the United States. Specifically, many high school students are engaged in sexual risk behaviors related to unintended pregnancies and sexually transmitted infections (STIs), including HIV infection. [2] Despite the progress that has been made to reduce teen pregnancy and sexual risk taking, there were still approximately 209,480 births to women aged 15-19 in 2016 [1], and young people age 15 to 24 account for nearly one-half of all new cases of sexually transmitted infections [3]. And while nationwide, the majority of teens have not had sex, still 41.2% of students had ever had sexual intercourse, 30.1% had had sexual intercourse during the 3 months before the survey (i.e., currently sexually active), and 11.5% had had sexual intercourse with four or more persons during their life.

In addition, great disparities continue to exist in teen birth rates – by age, race and ethnicity, geography, urbanicity, and among especially vulnerable populations [4]. Youth who are homeless, living in foster care, or involved with the juvenile justice system experience disproportionately high rates of teen pregnancy along with other negative health outcomes. Nationally representative data of all youth in the child welfare system show that roughly one-third (34%) of 17-year-old girls had experienced a pregnancy [5]. Fourteen percent of youth in custody report having children [6]. Studies show that sexual risk behaviors increase in teens who use alcohol, and are highest among students who use marijuana, cocaine, prescription drugs (such as sedatives, opioids, and stimulants), and other illicit drugs. According to the Centers for

Disease Control and Prevention, teens who reported no substance use are the least likely to engage in sexual risk-taking.

Trend data related to condom use is instructive, since among the array of birth control methods, only the condom offers any reduction of risk against STIs. For pregnancy prevention, trend data is additionally available for birth control pills, for which usage is largely unchanged. Almost 14% did not use any method to prevent pregnancy during last sexual intercourse, though usage of long-acting reversible contraception (LARC) has increased since recently tracked by the CDC.

Protective Factors

Protective factors work by reducing exposure to risk or encouraging behaviors that prevent negative outcomes, like teen pregnancy [7, 8]. Many risk behaviors, including teen sexual risk behaviors, teen pregnancy, violence, substance abuse and delinquency, have a shared set of risk and protective factors [8]. Programs to address protective factors may take a risk avoidance approach or a risk reduction approach so long as they incorporate priorities for this funding announcement within their approach. Working to build and enhance these shared protective factors can lead to prevention of multiple risk behaviors and positive youth development. For example, the *40 Developmental Assets* identifies significant internal and external protective factors that both domestic and international research has related to decreasing high-risk behaviors and improving youth thriving. [48].

As noted by the Lancet Commission in 2016, investing in adolescent health and wellbeing will “bring benefits today, for decades to come, and for the next generation [9].”

Table 1: Protective Factors for Preventing Teen Pregnancy and Improving Adolescent Health	
	Protective Factors

Youth	<ul style="list-style-type: none"> • Positive connections to supportive adults [10, 11,48] • Youth engagement and opportunities for active, meaningful involvement [10, 12,48] • Healthy relationships [10, 13,48] • Self-regulation and self-control [14, 15,48] • Planning and decision making [48] • Healthy lifestyle [48] • Sense of purpose and positive view of personal future [48]
Family/Caregiver	<ul style="list-style-type: none"> • Positive connections and communication with family and caregivers [10, 16, 48] • Parental involvement/Parental engagement [10, 17-19, 48] • Parental monitoring and boundaries [10, 20, 48] • Low family conflict [10] • Family beliefs and attitudes supportive of healthy behaviors [10, 21] • Models positive and responsible behavior [48] • High expectations [48]
Systems-Level	<ul style="list-style-type: none"> • Positive connections to schools [22,48], neighborhoods, organizations, and communities [10, 48] • Safe and secure places to live, learn, and play [23-26] • Environment supportive of healthy behaviors [10, 26, 48] • Coordinated, adolescent and family-centered services [10, 23, 27] • Supportive community norms [10] with clear boundaries and consequences [48]

Youth Protective Factors

Protective factors for youth are characteristics within a young person and their relationships with their peers that are associated with lower levels of risk-taking. For example, positive youth development research has shown that youth benefit from positive relationships with caring adults [11]. Active youth involvement is important for healthy adolescent development [24] and helps youth build leadership skills and develop positive relationships with adults [12]. Additionally, engaging youth can strengthen problem-solving skills, build self-esteem, and increase their influence and personal stake in the communities in which they are

involved [28]. Youth who form safe, healthy relationships are more likely to do well in school and less likely to engage in risky behaviors [13]. Self-regulation is considered the foundation for lifelong functioning across multiple domains, including mental and physical health, academic achievement, socioeconomic success, and in relationships [14, 29]. Children who improve in self-regulation over time experienced better outcomes (health, wealth, public safety) in adulthood compared to children who did not improve in their self-control [15]. In addition, high expectations are a powerful motivator for children and youth and low expectations have the opposite result [49, 50]. Children are less likely to engage in risk behaviors if they feel a personal sense of purpose and set goals for themselves [48].

Family/Caregiver Protective Factors

Teens' relationships with their parents, families, and caregivers can influence their other relationships and impact their behaviors. Teens are more likely to form positive relationships with peers and dating partners when they have positive relationships with their parents [16]. Authoritative and highly involved parenting predicts higher levels of positive youth development outcomes for adolescents [18]. Students with involved parents are more likely to earn higher grades, attend school regularly, have better social skills, graduate high school, and go on to postsecondary education [19]. Parental monitoring has been shown to protect against early sexual debut and other risky sexual behaviors [20]. Engaging parents and families is important to teen pregnancy prevention efforts because youth report that parents influence their decisions about sex [30, 31]. Teens are less likely to have sex at an early age and have sex less frequently when they talk with their parents about sex, relationships, birth control, and pregnancy and when parents clearly communicate their values and expectations [17]. Research shows that connection and communication with family is associated with less sexual risk taking [32, 33]. Furthermore,

family management problems and family conflict are associated with multiple problem behaviors including teen pregnancy, substance abuse, delinquency, school drop-out, and violence [8].

Systems-Level Protective Factors

For this FOA, the term system is defined as a group of regularly interacting or interdependent organizations that together form a network for distributing something or serving a common purpose. An existing system could include, but is not limited to schools, community colleges, existing after-school programs, juvenile detention facilities, or out-of-home care facilities. Systems-level protective factors focus on protective factors that would occur across the entire system. Positive connections to schools [22], neighborhoods, and communities, as well as to supportive and caring adults, are important to healthy adolescent development for all teens. The relationships that a teen experiences, within their family, school [22], and community, affect the development and the quality of their future relationships [24]. Living in a disorganized community, measured by such metrics as perception of crime, fighting, physical deterioration, and safety, was found to influence psychosocial well-being. When youth believe that adults in their neighborhood are concerned about their well-being, their perception of disorganization decreases and they are more likely to feel a sense of safety and security [25]. Youths' perceived neighborhood safety is positively associated with school attachment, defined as feeling a part of their school and viewing school as an accepting, caring, and fair environment [26]. Adolescents need safe and secure places to live, learn, and play and adolescent and family-centered services that are coordinated [23, 24]. Further, adolescents enter health and social service systems in different ways and at different stages. The systems that serve youth are frequently fragmented and spread across multiple agencies and organizations. Increased coordination of services for teens would promote healthy development for all teens [10, 23, 27]. A community and systems-

wide saturation approach can effectively communicate and amplify positive norms, socialize healthy behaviors and reinforce the value and potential of each adolescent.

Developing and Testing New and Innovative Strategies

Through this FOA, OAH will fund projects to develop and test new and innovative strategies to prevent teen pregnancy and address youth sexual risk holistically to result in healthy decision making and future thriving by enhancing protective factors. Recipients should develop strategies to address protective factors and/or key elements of effective programs recognized by social science research to affect adolescent risk behaviors [34, 35]. The Center for Relationship Education's Systematic Method for Assessing Risk-avoidance Tool (SMARTool) describes 9 elements of effective sexual risk avoidance programs. Similarly, the Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs, developed by ETR describes 17 elements of effective sexual risk reduction programs [35]. Applicants are expected describe in detail how they implement protective factors and/or either elements from the SMARTool or the Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs.

OAH Expectations of Recipients

In addition to the requirement that recipients develop new innovative strategies, there are additional expectations that should be implemented by all recipients throughout the two-year project period.. Additional information is available under the *Performance Measures* portion of this FOA.

1. **Public Health Priorities for Implementation.** After selecting one of the two effective programs, each applicant should then describe how they will also emphasize priorities that comport with public health protocols for addressing negative risk behaviors:

- Weaving the goal of optimal health into every component of the project.

Optimal health is a term that refers to the best possible outcomes for an individual's physical, emotional and social health. [51] Optimal health is integral to health promotion across a variety of health domains as it creates "opportunities that open access to environments that make positive health practices the easiest choice."¹

- Clearly communicate risk. Projects will clearly communicate that teen sex is a risk behavior for both the physical consequences of pregnancy and sexually transmitted infections; as well as sociological, economic, and other related risks. The CDC considers teen sex to be a risk behavior, together with other risk behaviors, such as drug use, lack of physical activity, and failing to use a seatbelt when riding in a car, as indicated by inclusion in the Youth Risk Behavior Survey.²

Both risk avoidance and risk reduction approaches can and should include skills associated with helping youth delay sex as well as skills to help those youth already engaged in sexual risk to return toward risk-free choices in the future. Along the continuum of sex education strategies, Sexual Risk Avoidance is the natural approach for an emphasis on sexual delay because of the prominence given to primary prevention.

¹ O'Donnell, M.P. (2009) Definition of Health Promotion 2.0: Embracing passion, enhancing motivation, recognizing dynamic balance and creating opportunities. American Journal of Health Promotion. Sept/Oct. 2009;24(1). Pp iv.

² CDC (2015) Youth Risk Behavior Survey: US 2015 Results. Accessed 4/15/2018 at <https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=XX>

Sexual Risk Reduction is the natural approach for an emphasis on cessation support because of the prominence given to reducing risk among sexually active youth. This funding announcement requires all grantees to implement strategies that will help youth achieve healthier outcomes.

- Providing skills to avoid sexual risk. Providers should therefore place a priority on providing information and practical skills to assist youth in successfully avoiding sexual risk. Sexual risk is defined as engaging in any behavior that increases one's risk for any of the unintended consequences of sexual activity, including, but not limited to pregnancy.
- Providing cessation support. In addition, recipients will provide affirming and practical skills for those engaged in sexual risk to make healthier and risk-free choices in the future, thereby improving the chances for achieving optimal health outcomes.

2. Evaluation and Testing Recipient Expectations

The purpose of this funding opportunity is to fund the evaluation of strategies that focus on protective factors shown to prevent teen pregnancy, improve adolescent health and address youth sexual risk holistically. All funded programs will undertake evaluation.

- Years 1-2: Formative and process/implementation evaluation should take place before and during the project's implementation in order to ensure feasibility and ongoing quality improvement of both project design and performance. Recipients are expected to continuously improve the quality of the program, by assessing whether the program is being implemented as intended and is relevant and resonant with the intended audience. Though

not required, projects may also include an economic evaluation to determine the cost-effectiveness of the program. Please note, however, that an economic evaluation does not take the place of formative and process/implementation evaluation. More information may be found at <https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf>

1. Recipients will be expected to collect data to monitor the ongoing implementation, and to use the data to make continuous quality improvements to the program/strategy to ensure that high-quality programming and high-levels of participant engagement are maintained across the award period. Recipients are expected to both address needs and link needs with program design, ensuring that the project keeps the needs of stakeholders at the center of its approach. Ongoing process/implementation evaluation will monitor success in this pursuit. In tandem with individually designed process/implementation evaluation, recipients will also be required to collect and use performance measures to make continuous quality improvements. All recipients are expected to collect a common set of performance measures to assess project implementation and outcomes and use measures for learning and Continuous Quality Improvements (CQI). Recipients must collect all performance measures and report to OAH on a semi-annual basis (pending OMB approval). Final performance measures will be provided to recipients during the first six months of funding and may include measures on reach, dosage, implementation quality, sustainability, partnerships, trainings, and dissemination. Recipients should review relevant state laws, organizational policies, and other administrative procedures of their sites or partner organizations to ensure the feasibility of data collection. Recipients should obtain any necessary permissions to collect required data. There are no exceptions or waivers for this requirement.

- Year 2: All applicants should propose a summative outcome/impact evaluation plan.

Projects may be selected to begin this evaluation as early as the beginning of year two, depending upon readiness, based on results from formative and process/implementation evaluation.

Evaluations include (1) evaluations of a program or strategy to determine its effectiveness (referred to as “Program Evaluation” hereafter), (2) evaluations of key components of existing programs or strategies to determine which parts of the program or its implementation are most important for obtaining outcomes (referred to as “Component Testing” hereafter), (3) methodological approaches to test a program/strategy’s logic model or different ways of implementing the program/strategy to learn more about how to enhance impacts (referred to as “Methodological Evaluation” hereafter), or (4) any combination of the previous three types of evaluations. OAH is especially interested in funding projects that aim to address more than one of these evaluation types (for example, a Randomized Controlled Trial program evaluation that tests both overall program effectiveness *and* is also designed and powered to test the effectiveness of a particular component, such as parent sessions).

To be eligible for funding, each applicant must demonstrate that (1) the program/strategy is implementation-ready and addresses protective factors and selected elements of either the SMARTool or the Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs, depending upon whether the approach is focused on sexual risk avoidance or sexual risk reduction (2) there is demand for the program/strategy from the population to be served. **Table 4** provides a description of the characteristics needed to demonstrate implementation-readiness for a program/strategy. **Table 5** provides the definitions for emerging/promising, moderate, and strong levels of scientifically valid

evidence. Scientifically valid evidence must be based on objective scientific principles, including study design, statistically proven outcomes, outcomes/measures that accurately gauge risk reduction or avoidance behavior, and must be generalizable according to setting and student demographics.

Table 4: Characteristics of Program/Strategy to Demonstrate Implementation-Readiness

Characteristic of Program/Strategy to Demonstrate Implementation-Readiness
<ul style="list-style-type: none"> • Describe the program to be tested (Is it sexual risk avoidance/sexual risk reduction? Is there curricula that will be tested?)
<ul style="list-style-type: none"> • Clear theory or theory of change
<ul style="list-style-type: none"> • All materials needed for implementation available, clear, and fully developed
<ul style="list-style-type: none"> • Procedures and activities of the program/strategy fully developed and clear
<ul style="list-style-type: none"> • Population for whom the program/strategy designed is clear
<ul style="list-style-type: none"> • Who implements program/strategy, including their unique qualifications, is clear
<ul style="list-style-type: none"> • Key elements/protective factors from one of the two science-based programs to be tested through innovative approach
<ul style="list-style-type: none"> • Mode of delivery is determined (i.e. face-to-face; electronically; individual, group, mixed)
<ul style="list-style-type: none"> • Location/setting of program/strategy delivery is determined
<ul style="list-style-type: none"> • Fidelity measures or monitoring mechanism available for program/strategy

Develop and Implement a Two-Year Evaluation Agenda

Recipients are expected to develop and implement a two-year evaluation agenda that includes plans for all proposed formative and process/implementation evaluation, as well as rigorous evaluation and testing. The evaluation agenda should clearly identify the individual evaluation studies proposed as a part of the agenda, the type of evaluation for each (i.e., program evaluation, component testing, methodological evaluation), and the timing for each. Recipients are expected to submit their two-year evaluation agenda for review and approval by OAH before beginning implementation of their project. Recipients will be expected to update their evaluation

agendas at least annually to reflect any changes to the evaluation(s). All of these updates must be consistent with the scope and objectives of the approved application.

For each proposed evaluation, recipients are expected to conduct a formative and process/implementation evaluation throughout the project that systematically documents challenges, successes, and lessons learned to improve implementation and ensure successful execution strategies, and a summative evaluation to determine outcomes. The formative/process evaluation should assess whether the program/strategy was implemented as intended along with lessons learned. At a minimum, applicants should outline their plans for a formative/process evaluation by addressing adherence, quality, comparison group experience, contextual factors, and lessons learned. Recipients are expected to provide annual interim analyses from the process evaluation, beginning at the conclusion of year one, to demonstrate readiness for summative evaluation as well as the efficacy and utility of the project.

Recipients are expected to begin a summative evaluation with annual intermediate results on behavior, attitudes, and intentions, with a report at the conclusion of the project. The summative evaluation should begin no later than the beginning of year two for those recipients whose process evaluation shows readiness for summative research. For the summative evaluation, applicants should include their research questions and proposed success measures that align with the proposed approach. OAH will work with recipients to finalize the design, research questions, and measures for their summative evaluation, and will determine, based on the results from the recipient's process evaluation, which are ready and approved to move forward with conducting a summative evaluation.

Depending on the results of year one formative/process/implementation evaluation, recipients may be required to change the level of evaluation to measure the program effect as

appropriate for their readiness for rigorous evaluation. However, all applicants should propose summative evaluations to meet the standards for at least moderate scientifically valid evidence, as defined in **Table 5**. Applicants may also propose to test emerging/promising practices, but this proposal may not take the place of the inclusion of a proposal for more rigorous design. Applicants are expected to demonstrate the rigor of all proposed summative evaluations by describing, for each study, the proposed research questions, proposed research design(s), discussion of the counterfactual and context, the population to be served, the consent methods, evaluation processes, outcomes/goals for the research, measures, data sources, data collection timing, procedures and modes of data collection, and potential analyses. (An example is provided in Appendix D: “OAH Tier 2 Rigorous Evaluation Design Plan Template”).

Table 5: Definitions of Strong, Moderate, and Emerging/Promising Scientifically Valid Evidence.

Level of Evidence	Definition
Strong Evidence	<p>A well-designed, well-implemented randomized controlled trial</p> <p>Low rates of sample attrition overall and between the treatment and control groups (no more than 10% difference between groups of the final sample at analysis)</p> <p>Study demonstrates at least one sustained, statistically significant positive effect on an outcome that meaningfully reduces or avoids risk and is found for the entire relevant cohort (and not merely a subset of the cohort) related to preventing teen pregnancy, sexual risk behaviors, or other associated risk behaviors, and no statistically significant negative effects or potentially negative effects for any of the studied cohort.</p> <p>Study is conducted by an independent researcher not a part of the publishing company producing the program nor an author of the curriculum.</p> <p>Is based on a site sample that is sufficient to provide adequate power for the research</p>
Moderate Evidence	A well-designed, well-implemented quasi-experimental design study or single experimental study

	<p>Study demonstrates at least one sustained, statistically significant positive effect on an outcome that meaningfully reduces or avoids risk and is found for the entire relevant cohort (and not merely a subset of the cohort) related to preventing teen pregnancy, sexual risk behaviors, or other associated risk behaviors, and no statistically significant negative effects or potentially negative effects for any of the studied cohort.</p> <p>Study is conducted by an independent researcher not a part of the publishing company producing the program nor an author of the curriculum.</p> <p>Is based on a site sample that is sufficient to provide adequate power for the research</p>
Emerging/Promising Evidence	<p>At least one well-designed and well-implemented non-experimental study. Data should be qualitative <i>and</i> quantitative. Examples include: a descriptive or exploratory study; community-participatory study; economic analysis; implementation study; or correlational study; and</p> <p>Study demonstrates at least one sustained, statistically significant positive effect on an outcome that meaningfully reduces or avoids risk and is found for the entire relevant cohort (and not merely a subset of the cohort) related to preventing teen pregnancy, sexual risk behaviors, or other associated risk behaviors, and no statistically significant negative effects or potentially negative effects for any of the studied cohort. There is no evidence or theoretical foundation indicating that the program/strategy constitutes significant risk of harm or negative impact to those receiving it.</p> <p>Study is conducted by an independent researcher not a part of the publishing company producing the program nor an author of the curriculum.</p> <p>Is based on a site sample that is sufficient to provide adequate power for the research</p>

Use of a skilled independent evaluator is required for all summative evaluations.

Applicants should clearly describe the training, education, and experience of the proposed lead evaluator relevant to the proposed evaluation agenda. Applicants should discuss the capacity of their lead evaluator to design and implement evaluation(s) of the type(s) proposed within the

evaluation agenda, the ability of the evaluator to quickly implement a summative evaluation and evidence of a selected institutional review board.

Recipients will be expected to submit a final evaluation report to OAH by the end of the award. OAH will provide recipients with specific guidance about the preparation of a final evaluation report. Recipients of awards are expected to publish or otherwise make publicly available the results of the work supported through the project, including the final evaluation report. In addition, OAH expects funded recipients to retain their evaluation data for future secondary analyses for the period required by regulations. Pursuant to 45 CFR § 75.322(d), HHS/OAH retains the right to obtain, reproduce, publish, or otherwise use the data produced under these awards; and to authorize others to receive, reproduce, publish, or otherwise use such data. The recipient and its evaluator are expected to participate in technical assistance provided by OAH or its contractor(s).

2. Ensure project materials are medically accurate, age appropriate, culturally and linguistically appropriate, and trauma-informed

All materials used in the funded project are expected to be medically accurate, age appropriate, culturally and linguistically appropriate, and trauma-informed. Medical accuracy assures that statements neither understate nor overstate the facts and/or best medical evidence. For purposes of this announcement, the term “medically accurate” means the information will be referenced to peer reviewed publications by educational, scientific, governmental, or health organizations. Age appropriateness assures that topics and themes are appropriate for the age group and other specific characteristics of the proposed audience. The ability to cognitively understand a concept is not evidence that the concept is age appropriate. Recipients are expected to conduct their own review of all

materials to ensure they are medically accurate, age appropriate, culturally and linguistically appropriate, and trauma-informed. Recipients will self-certify all materials have been reviewed for medical accuracy prior to use. Recipients will not be able to implement or distribute project materials until any necessary modifications have been made by the recipient to ensure medical accuracy. OAH may require materials to be submitted for additional review.

Recipients and their subrecipients are expected to document and package key pieces of their project, such as training materials, program/strategy materials, innovator materials, collaborative action plan, or community profile. Recipients will be expected to share copies of materials developed and used under this award with OAH.

Applicants who choose to use any copyrighted curriculum materials in their proposed project must include a signed agreement with the developer or purveyor of the materials that demonstrates that the applicant has permission to use the materials as planned. This should include, but is not limited to, permission to use the materials as proposed in the application and/or alter them as needed for compliance with OAH medical accuracy review. Without an agreement with the developer or purveyor the project will not be funded for implementation by OAH.

4. Training Project Staff

Funded recipients are expected to implement, and maintain a training and technical assistance plan for the professional development of project staff that is relevant to their project. OAH expects funded recipients to select partners as needed to assist with training and professional development. If sub-awarding, the recipient should ensure training is provided to

subrecipients as well as to recipient staff. Applicants should address plans for training staff within their project narrative and work plan.

5. Communication and Dissemination

Recipients are expected to have a robust communication and dissemination plan in place that aligns with their overall project and helps build and share knowledge gained. The communication and dissemination plan should include broadly publicizing information about the project. It should also include efforts to communicate and share knowledge, on-going activities, milestones, evaluation results, and lessons learned through the project. The recipients should use diverse dissemination and communication methods and techniques. At a minimum, recipients are expected to have an online presence for the project; use social media effectively; share lessons-learned as well as successes with key stakeholders and publish articles or present at professional conferences, as appropriate.

6. Partnerships and Collaboration.

OAH expects funded recipients to form partnerships and a collaborative culture to support the overall project. OAH does not expect one organization to have all the technical expertise necessary to carry out the project. Rather, the applicant and its key partners should have the collective experience and expertise needed to successfully accomplish the goals and objectives. Key partners should be pre-established, but additional partners should be added or changed throughout the award period, as deemed appropriate by the recipient. The recipient is responsible for ensuring that partners meet expectations and successfully fulfill their roles and responsibilities. Applications should clearly demonstrate existence of the partnerships required to

complete the project with letters of commitment, MOUs, or subawards. Upon award, funded recipients are expected to submit copies of all final agreements to OAH.

Funded recipients are expected to leverage resources and assets to ensure collaboration and avoid duplication where possible in order to increase impact.

7. Plan for Sustainability

Recipients are expected to design their project with sustainability in mind from the very beginning of the award. OAH expects that recipients will implement activities focused on the goal of sustaining the project within 12 months of receiving funding and consistently throughout the end of the project. OAH expects recipients to include a sustainability objective in their work plan, with corresponding objectives and activities focused on implementing strategies aimed at sustaining the project or program/strategy over time.

COOPERATIVE AGREEMENT SUBSTANTIAL PROGRAMMATIC INVOLVEMENT OF FEDERAL AGENCY

Awards will be in the form of a two-year cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial programmatic involvement is anticipated between OAH and the recipient during performance of the project or activity.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement (e.g., assistance from assigned Federal project officer, monthly conference calls, occasional site visits, ongoing review of plans and progress, participation in relevant meetings, provision of training and technical assistance), OAH substantial programmatic involvement may include:

1. Prior approval for change of time that Key Personnel are dedicated to the project and for replacement of Key Personnel. Key Personnel includes any position that supports day-to-day project management in addition to Project Director, such as Project Manager, Project Coordinator, etc. Key Personnel also includes the lead evaluator.
2. Consulting with the awardee throughout the preparation and dissemination of materials related to the project.
3. Review of recipient progress during the planning period and approval to move forward with full implementation. Note funding levels for year two will depend on status of plan approvals and may be negotiated between HHS/OASH and the recipient.
4. Review and approval of innovator selection and support plans, implementation plans, and evaluation plans.
5. Review all program materials prior to use in the project to ensure the materials are medically accurate, if deemed necessary.
6. Review and approval of the design, questions, and success measures for recipient process and summative evaluations.
7. Review and approval of design and implementation of provisions in the FOA expectations section to ensure that optimal health priorities are practically implemented. Optimal health is a term that refers to the best possible outcomes for an individual's physical, emotional and social health.

AUTHORITY: Division H, Title II of the Consolidated Appropriations Act, 2018 (Public Law No. 115-141).

B. FEDERAL AWARD INFORMATION

The Office of Adolescent Health intends to make available up to \$21 million for competing cooperative agreements.

We will fund awards in annual increments (budget periods) and generally for a project period of up to 2 years, although we may approve shorter project periods. Funding for all approved budget periods beyond the first year of the award is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, adequate stewardship of Federal funds, and the best interests of the Government.

Award Information

Estimated Federal Funds Available: Up to \$22 million

Anticipated Number of Awards: 75

Award Ceiling (Federal Funds including indirect costs): \$375,000 per budget period

Award Floor (Federal Funds including indirect costs): \$250,000 per budget period

Anticipated Start Date: 09/01/2018

Project Period: Not to exceed 2 years

Budget Period Length: 12 months

Type of Award: Cooperative Agreement. Agency substantial involvement is outlined in the Program Description in Section A.

Type of Application Accepted: Electronic via Grants.gov **ONLY unless an exemption is granted**

C. ELIGIBILITY INFORMATION

1. Eligible Applicants.

- Nonprofit with or without 501(c)3 IRS status (other than institution of higher education)
- For-profit organizations (other than small business)
- Small, minority, and women-owned businesses
- Universities and colleges
- Research institutions
- Hospitals
- Community-based organization
- Faith-based organizations

- Federally recognized or state-recognized American Indian/Alaska Native tribal governments
- American Indian/Alaska Native tribally designated organizations
- Alaska Native health corporations
- Urban Indian health organizations
- Tribal epidemiology centers
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federal States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Political subdivisions of States

2. *Cost Sharing or Matching* You are not required to provide cost sharing or matching in your proposed budget.

3. *Other Eligibility Information*

Application Responsiveness Criteria

We will review your application to determine whether it meets the following responsiveness criteria. If your application does not meet the responsiveness criteria, we will eliminate it from the competition and it will not be reviewed.

The applicant appears to have demonstrated that the program/strategy is implementation-ready and addresses protective factors **and/or** selected elements of either the SMARTool or the Tool to Assess the Characteristics of Effective Sex and STD/HIV Education

Programs, depending upon whether the approach is focused on sexual risk avoidance or sexual risk reduction.

Application Disqualification Criteria

If you successfully submit an application, we will screen it to assure a level playing field for all applicants. If we determine your application fails to meet the criteria described below we will disqualify it, that is, it will **not** be reviewed and will receive **no** further consideration.

- a) You must submit your application electronically via www.grants.gov (unless an exemption was granted 2 business days prior to the deadline) by the date and time indicated in the DATES section of this announcement.
- b) If you successfully submit multiple applications from the same organization for the same project, we will only review the last application received by the deadline.
- c) HHS/OASH/OGM deems your application eligible according to section C.1 *Eligible Applicants*.
- d) Your Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ " x 11" inch page size, with 1" margins on all sides (top, bottom, left and right) and font size not less than 12 points.
- e) Your Project Narrative must **not** exceed 50 pages. NOTE: The following items do not count toward the page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables).
- f) Your total application, including the Project Narrative plus Appendices, must **not** exceed 100 pages. NOTE: items listed in "e" immediately above do not count toward total page limit.
- g) Your Federal funds request including indirect costs does **not** exceed the maximum indicated in Award Ceiling.

h) Your Federal funds request including indirect costs is **not** below the minimum indicated in Award Floor.

i) Your application meets the **Application Responsiveness Criteria** outlined above.

D. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

You may obtain an application package electronically by accessing Grants.gov at <http://www.grants.gov/>. You can find it by searching on the CFDA number shown on page 1 of this funding opportunity announcement. If you have problems accessing the application or difficulty downloading, contact:

Office of Grants Management

Phone: 240-453-8822

Email: ogm.oash@hhs.gov

2. Content and Form of Application Submission

i. Letter of Intent

If you plan to apply for this funding opportunity, you should submit a letter of intent as early as possible, but no later than the **deadline indicated in the DATES section of this announcement**.

Although you are not required to submit a letter of intent, the information that it contains allows HHS/OASH to estimate the potential review workload and plan the review. A letter of intent is not binding, and is not part of the review of a subsequent application. Your letter of intent should include a descriptive title of your proposed project, the name, street address, email address, and telephone number for the designated authorized representative of your organization, and the

FOA number and title of this announcement. Your letter of intent should be sent to the address listed under the AGENCY CONTACTS in section G.

ii. Application Format

Your application must be prepared using the forms and information provided in the online application package.

The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Disqualification Criteria listed in Section C.

You must double-space the Project Narrative pages.

You should use an easily readable typeface, such as Times New Roman or Arial. You *must* use 12-point font. You may single-space tables or use alternate fonts but you must ensure the tables are easy to read. The page limit does not include the Budget Narrative (including budget tables), required forms, assurances, and certifications as described in the Application Disqualification Criteria. Please do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete.

If your application exceeds the specified page limits for the Project Narrative or Project Narrative plus Appendices when printed on 8.5” X 11” paper by HHS/OASH/OGM, we will not review it. We recommend you print out your application before submitting electronically to ensure that it is within the page limits and is easy to read.

Appendices

Your Appendices should include any specific documents outlined in Section D.2.iii., under the heading “Appendices” in the Application Content section of this funding opportunity announcement. Your documents should be easy to read. You should use the same formatting specified for the Project Narrative. However, documents such as resumes/CVs, organizational

charts, tables, or letters of commitment may use formatting common to those documents, but the pages must be easy to read. All of your appendices must be uploaded as a single, consolidated file in the Attachments section of your Grants.gov application.

Project Abstract Summary

You must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application and will form the basis for the application summary in grants management and program summary documents. If your project is funded, HHS may publish information from your form; therefore, do not include sensitive or proprietary information.

Budget Narrative

The Budget Narrative should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

iii. Application Content

Successful applications will contain the following information:

Project Narrative

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for an award under this announcement. The Project Narrative should provide a clear and concise

description of your project. HHS/OASH recommends that your project narrative include the following components:

- Background and Need
- Project Approach and Impact
- Capacity, Partnerships, and Experience
- Project Management

Background and Need

You should:

- Provide a clear problem statement and demonstrate the need and demand for the project.
Explain how the overall approach addresses the needs identified.
- Describe the underlying, guiding theory or framework behind the proposed approach and how and why it is relevant, including whether the primary focus is risk avoidance or risk reduction.
- Describe the protective factor(s) that the project intends to address in order to reduce teen pregnancy, improve adolescent health and address youth sexual risk holistically.
Justify why addressing the selected protective factor(s) using the specific approach is likely to succeed.

Project Approach and Impact

You should:

- Describe in detail the overall approach addressing all expectations discussed in detail in the expectations portion of this FOA.

- Describe the goals, objectives, activities, and timeline of the approach and how they align with the project expectations
- Use figures, images, and tables as needed to appropriately enhance narrative description.
- Include a logic model to depict the organizational planning and analysis designed to achieve expected results.
- Describe the potential impact and significance of the project, including the impact directly or indirectly on adolescents 10-19 and on improving adolescent health and address youth sexual risk holistically.
- Include details about the proposed formative/process/implementation and summative evaluation designs including: assignment methods, research questions, counterfactual and context, population to be served, consent methods, evaluation process, data, instruments, timing, procedures/modes of data collection, sampling plan and power analyses. **Appendix D** includes an example of a template that you can use to provide this information.

Capacity, Partnerships, and Experience

You should:

- Discuss how the relevant experience and capacity of the applicant organization and key partners will ensure that the recipient expectations for the selected category as described earlier in the FOA will be achieved.
- Identify the key partners for the project, including their role/responsibilities; where possible, identify subrecipients.
- Provide a description of the project team, experience, and qualification for key staff. Key staff include those individuals who will oversee the technical, professional, managerial,

and support functions and/or assume responsibility for assuring the validity and quality of the project. This includes at a *minimum* the Project Director, Program Manager/Program Coordinator, and Lead Evaluator.

- Discuss key partnerships that need to be finalized after award, and the plan for identifying, selecting, and recruiting suitable partners for the project in a timely manner.
- Explain how the project will foster a collaborative approach, among the team.

Project Management

You should:

- Describe how the overall project will be managed and monitored, factoring in the quality, complexity, and timeline of the project; and potential challenges and methods to address the challenges.
- Describe the roles/responsibilities of those on the project team and who will have day-to-day responsibility for key tasks. Describe the staffing plan, including the process for filling open positions, minimizing staff turnover, and training staff responsible for implementing the project, including partner staff.

Budget Narrative

You must complete the required budget forms and submit a budget narrative with detailed justification as part of your application. You must enter the project budget on the Budget Information Non-construction Programs standard form (SF 424A) according to the directions provided with this standard form. The budget narrative consists of a detailed line-item budget that includes calculations for all costs and activities by "object class categories" identified on the

SF-424A and justification of the costs. You must indicate the method you are selecting for your indirect cost rate. See Indirect Costs below for further information.

Project budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. If matching or cost sharing is required, you must include a detailed listing of any funding sources identified in box 18 of the SF-424 (Application for Federal Assistance).

Please be sure to carefully review section D.6 Funding Restrictions for specific information regarding allowable, unallowable, and restricted costs.

You must provide an object class category budget using Section B, box 6 of the SF 424A for the first year of the proposed project. Provide a budget justification, which includes explanatory text and line-item detail, for the first year of the proposed project. The budget narrative should describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

For subsequent budget years, provide a summary narrative and line item budget. For categories or items that differ significantly from the first budget year, provide a detailed justification explaining these changes. Note, **do not** include costs beyond the first budget year in the object class budget in box 6 of the SF- 424A or box 18 of the SF-424; the amounts entered in these sections should only reflect the first budget year.

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. For example, if you are proposing to provide

services to clients, you should describe how many clients are you expecting to serve, the unit cost of serving each client, and how this is cost effective.

Use the following guidelines for preparing the detailed object class budget required by box 6 of the SF-424A. The object class budget organizes your proposed costs into a set of defined categories outlined below. Both federal and non-federal resources (when required) must be detailed and justified in the budget narrative. "Federal resources" refers only to the HHS/OASH funds for which you are applying. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources. We recommend you present budget amounts and computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget.

Sample Budget Table

Object Class	Federal Funds Requested	Non-federal Resources	Total Budget
Personnel	\$100,000	\$25,000	\$125,000

Note, subrecipient/contract and consultant detailed costs should all be included in those specific line items, not in the overall project object class line items, i.e., subrecipient travel should be included in the Contractual line item not in Travel.

Object Class Descriptions and Required Justifications

Personnel Description: Costs of staff salaries and wages, excluding benefits.

Personnel Justification: Clearly identify the project director or principal investigator, if known at the time of application. Provide a separate table for personnel costs detailing for each

proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent; annual salary and/or annual wage rate; federally funded award salary; non-federal award salary, if applicable; and total salary. No salary rate may exceed the statutory limitation in effect at the time you submit your application (see D.6 Funding Restrictions, *Salary Limitation* for details). Do not include the costs of consultants, personnel costs of delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant. Contractors and consultants should not be placed under this category.

Sample Personnel Table

Position Title and Full Name	Percent Time	Annual Salary	Federally-funded Salary	Non-federal Salary	Total Project Salary
Project Director, John K. Doe	50%	\$100,000	\$50,000	\$0	\$50,000
Data Assistant, Susan R. Smith	10%	\$30,000		\$3,000	\$3,000

Fringe Benefits Description: Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

Fringe Benefits Justification: Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

Travel Description: Costs of travel by staff of the applicant organization only.

Travel Justification: For each trip proposed for applicant organization staff only, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances. **Do not** include travel costs for subrecipients or contractors.

Equipment Description: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with your organization's regular written accounting practices.)

Equipment Justification: For each type of equipment requested you must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; as well as a plan for the use, and/or disposal of, the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition; include this with your Budget Narrative file. Reference the policy in this justification and include the policy copy in your Budget Narrative file (not your appendices).

Supplies Description: Costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000.

Supplies Justification: Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

Contractual Description: Costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant. This line item is not for individual consultants.

Contractual Justification: Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use 45 CFR § 75.329 procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by 41 U.S.C. § 134, as amended by 2 CFR § 200.88, and currently set at \$150,000. Recipients may be required to make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available to HHS/OASH.

Note: Whenever you intend to delegate part of the project to another agency, the applicant must provide a detailed budget and budget narrative for each subrecipient/contractor, by agency title, along with the same supporting information referred to in these instructions. If

you plan to select the subrecipients/contractors post-award and a detailed budget is not available at the time of application, the applicant must provide information on the nature of the work to be delegated, the estimated costs, and the process for selecting the delegate agency.

Other Description: Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: consultants; insurance; professional services (including audit charges); space and equipment rent; printing and publication; training, such as tuition and stipends; participant support costs including incentives, staff development costs; and any other costs not addressed elsewhere in the budget.

Other Justification: Provide computations, a narrative description, and a justification for each cost under this category.

Indirect Costs Description: Total amount of indirect costs. This category has one of two methods that an applicant may select. You may only select one.

1) Your organization currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant federal agency. You should enclose a copy of the current approved rate agreement in your Budget Narrative file. If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that the organization is accepting a lower rate than allowed.

2) Per 45 CFR § 75.414(f) Indirect (F&A) costs, “any non-Federal entity [i.e., applicant] that has never received a negotiated indirect cost rate, ... may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in § 75.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both.

If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.”

This method only applies if you have never received an approved negotiated indirect cost rate from HHS or another cognizant federal agency. If you are waiting for approval of an indirect cost rate, you may request the 10% de minimis. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs to the award.

Indirect Costs Justification: Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

Program Income Description: Program income means gross income earned by your organization that is directly generated by this project if funded except as provided in 45 CFR § 75.307(f). Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also 45 CFR §§ 75.307, 75.407 and 35 U.S.C. §§ 200-212 (applies to inventions made under Federal awards).

Program Income Justification: Describe and estimate the sources and amounts of Program Income that this project may generate if funded. Unless being used for cost sharing, if

applicable, these funds should not be added to your budget. This amount should be reflected in box 7 of the SF-424A.

Non-Federal Resources Description: Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in 45 CFR § 75.306. For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period or by project period for fully-funded awards, even if the justification by budget period, or by project period for fully-funded awards, exceeds the amount required. Your failure to provide the required matching amount may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports. For awards that do not require matching or cost sharing by statute or regulation, where "cost sharing" refers to costs of a project in addition to Federal funds requested that you voluntarily propose in your budget, if your application is successful, we will include this non-federal cost sharing in the approved project budget and you will be held accountable for the non-federal cost-sharing funds as shown in the Notice of Award (NOA). Your failure to provide voluntary cost sharing of non-federal resources that have been accepted by HHS/OASH as part of the approved project costs and that are shown as part of the approved project budget in the NOA may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports. Note, you will not receive any preference, priority, or special consideration in the funding process for voluntarily including non-Federal cost sharing in your proposed budget.

Non-federal Resources Justification: You must provide detailed budget information for every funding source identified in box 18. "Estimated Funding (\$)" on the SF-424. Provide this documentation as part of your Budget Narrative file, not your Appendices.

You must fully identify and document in your application the specific costs or contributions you propose in order to meet a matching requirement. You must provide documentation in your application on the sources of funding or contribution(s). In-kind contributions must be accompanied by a justification of how the stated valuation was determined. Matching or cost sharing must be documented by budget period (or by project period for fully-funded awards).

If your application does not include the required supporting documentation, it will not be disqualified from competitive review; however, it may impact your score under the evaluation criteria in Section V.1 of this announcement.

Plan for Oversight of Federal Award Funds

You must include a plan for oversight of federal award funds which describes:

- how your organization will provide oversight of federal funds and how award activities and partner(s) will adhere to applicable federal award and programmatic regulations.
- the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.

- for any program incentives proposed, the specific internal controls that will be used to ensure only qualified participants will receive them and how they will be tracked.
- organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Office of Grants Management and Payment Management Services as well as timely and appropriate withdrawal of cash from the Payment Management System.

Recipients will be encouraged to attend the following meetings and trainings and should include funds in the budget. The location for the meetings has not been determined, however, grantees can budget for the meetings to occur in Washington, DC.

- One staff to an annual Project Director's Meeting

Appendices

All items described in this section will count toward the total page limit of your application. You must submit them as a single electronic file uploaded to the Attachments section of your Grants.gov application.

Work Plan

Include a detailed work plan for each year of the two-year project period. The work plan should reflect, and be consistent with, the Project Narrative and Budget Narrative. Each year's activities should be fully attainable in one budget year. You may propose multi-year activities, as well as activities that build upon each other, but each phase of the project must be discreet and attainable within a single budget year. Your work plan should include goals, SMART (specific, measurable, achievable, realistic, and time-phased) objectives, activities to accomplish each objective, and, for each activity, the person(s) responsible, timeline for completing activities, and

measures of success. The work plan should be aligned with the expectations and priorities described elsewhere in this FOA.

Logic Model

Include a detailed logic model clearly depicting the inputs, activities, intended outputs, and short, intermediate, and long-term outcomes of the overall program.

Memoranda of Understanding or Letters of Commitment

Memoranda of Understanding (MOUs) or Letters of Commitment should be included for all organizations and entities that have been specifically named as a subrecipient or partner to carry out any aspect of the program. The signed MOUs or letters of commitment should detail the specific role and resources that will be provided, or activities that will be undertaken, in support of the applicant; demonstrate current commitment from the partners to the project being proposed in the application; and describe the organization's expertise, experience, and access to the population(s) to be served.

Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. Applicants should not provide letters of support.

Curriculum Vitae/Resume for Key Project Personnel

You must submit with your application curriculum vitae and/or resumes for the Project Director and other proposed key staff. Key personnel includes those individuals who

will oversee the technical, professional, managerial, and support functions and/or assume responsibility for assuring the validity and quality of your organization's program.

Position Descriptions for Open Positions

Include with your application, position descriptions for key personnel positions that will need to be filled if funds are awarded.

3. Unique Entity Identifier and System for Award Management (SAM)

- You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal awards through Grants.gov. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.
- You will find instructions on the Grants.Gov web site as part of the organization registration process at <http://www.grants.gov/web/grants/applicants/organization-registration.html>.
- Your organization must register online in the System for Award Management (SAM). **Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations.**
- If you are registering a new entity in SAM.gov, you must mail an "Entity Administrator Notarized Letter" to the **FEDERAL SERVICE DESK, ATTN: [SAM.GOV](http://www.grants.gov/web/grants/applicants/organization-registration.html) Registration Processing**. Your notarized letter with the details required must be mailed. Your registration will not be activated until the letter is

submitted and reviewed. For detailed instructions on the content of the letter and process see: https://www.fsd.gov/fsd-gov/answer.do?sysparm_kbid=d2e67885db0d5f00b3257d321f96194b&sysparm_search=kb0013183

- A quick start guide for registrants is available at https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf. You should allow a *minimum* of five days to complete an initial SAM registration. Allow up to 10 business days *after you submit* your registration for it to be active in SAM. This timeframe may be longer if the information you provide is flagged for manual validation. You will receive an email alerting you when your registration is active.
- If your organization is already registered in SAM, you must renew your SAM registration *each* year. Organizations registered to apply for Federal awards through <http://www.grants.gov> will need to *renew* their registration in SAM.
- You should make sure your SAM registration information is accurate, especially your organization's legal name and physical address including your ZIP+4. Should you successfully compete and receive an award, this information must be included on a Notice of Award. For instructions on updating this information see https://gsafsd.service-now.com/fsd-gov/answer.do?sysparm_kbid=c3d982af6fb8d5006f348d412e3ee47e
- It may take 24 hours or more for SAM updates to take effect in Grants.gov, so if you plan to apply for this funding opportunity or think you might apply, you

should *ensure your organization's registration is active in SAM well before the application deadline and will be active through the competitive review period.*

- If you are successful and receive an award, you must maintain an active SAM registration with current information at all times during which your organization has an active award or an application or plan under consideration by an HHS agency.

HHS/OASH cannot make an award until you have complied with these requirements. In accordance with 2 CFR § 25.205, at the time an award is ready to be made, if you have not complied with these requirements, HHS/OASH:

- May determine that you are not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a DUNS number at the time you, the recipient, make a sub-award.

4. Submission Dates and Times

You must submit your application for this funding opportunity by **the date and time indicated in the DATES section of this announcement.** Your submission time will be determined by the date and time stamp provided by Grants.gov when you **complete** your submission.

If you fail to submit your application by the due date and time, we will not review it, and it will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the

last day in the event you encounter technical difficulties, either on your end or with <http://www.grants.gov> . Grants.gov can take up to 48 hours to notify you of a successful or rejected submission. You are better off having a less-than-perfect application successfully submitted and under consideration than no application.

If your submission fails due to a system problem with Grants.gov, we may consider your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission **and that time was before the submission deadline**. A “system problem” does not include known issues for which Grants.gov has posted instructions regarding how to successfully submit an application such as compatible Adobe versions or file naming conventions. **As the applicant, it is your responsibility to review all instructions available on Grants.gov regarding successfully submitting an application.**

5. Intergovernmental Review

This program is not subject to the Intergovernmental Review requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs,” as implemented by 45 CFR part 100.

6. Funding Restrictions

Direct and Indirect Costs proposed and if successful, charged to the HHS/OASH award must be allowable, reasonable, necessary, and allocable in accordance with Department regulations and policy effective at the time of the award. Current requirements are codified at 45 CFR part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.” These requirements apply to you, the applicant, *and* any subrecipients. You should thoroughly review these regulations before developing your proposed budget.

Indirect costs may be included per 45 CFR § 75.414. See the Budget Narrative section of this announcement for more information. To obtain a negotiated indirect cost rate with the Federal Government you may contact the U.S. Department of Health and Human Services Cost Allocation Services (CAS) regional office that is applicable to your State. CAS regional contact information is available at <https://rates.psc.gov/fms/dca/map1.html>.

Pre-Award Costs:

Pre-award costs are not allowed.

Salary Rate Limitation:

Each year's appropriations act limits the salary rate that you may be awarded and charge to HHS/OASH grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. As of January 7, 2018, the Executive Level II salary of the Federal Executive Pay scale is \$189,600. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts under an HHS/OASH award.

As an example of the application of this limitation: If an individual's base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$189,600, their direct salary would be \$94,800 (50% FTE), fringe benefits of 25% would be \$23,700, and a total of \$116,875 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual's <i>actual</i> base full time salary: \$350,000
50% of time will be devoted to project

Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
<p>Amount that may be claimed on the application budget due to the legislative salary rate limitation:</p> <p>Individual's base full time salary <i>adjusted</i> to Executive Level II: \$189,600 50% of time will be devoted to the project</p>	
Direct salary	\$94,800
Fringe (25% of salary)	\$23,700
Total amount	\$118,500

Appropriate salary rate limits will apply as required by law.

7. Other Submission Requirements

Electronic Submission

HHS/OASH requires that all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. If you submit an application via any other means of electronic communication, including facsimile or electronic mail, it *will not* be accepted for review unless you receive an exemption as described in the DATES section of this announcement.

You may access the Grants.gov website portal at <http://www.grants.gov>.

Applications, excluding required standard forms, must be submitted as three (3) files (see acceptable file types below). One file must contain the entire Project Narrative, another the entire Budget Narrative including supporting documentation described in the Budget

Narrative content section; and the third file must contain all documents in the Appendices. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process.

Any files uploaded or attached to the Grants.gov application must be Adobe PDF, Microsoft Word, or image formats (JPG, GIF, TIFF, or BMP only) and must contain a valid file format extension in the filename. HHS/OASH strongly recommends that electronic applications be uploaded as Adobe PDF. If you convert to PDF prior to submission you may prevent any unintentional formatting that might occur with submission of an editable document. Please note, even though Grants.gov allows you to attach any file format as part of your application, HHS/OASH restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format listed above will not be accepted for processing and will be excluded from the application during the review process.

Any file submitted as part of the Grants.gov application that contains password protection will not be accepted for processing and will be excluded from the application during the review process. We will not contact you for passwords or resubmission of unprotected files. Unprotected information in the application will be forwarded for consideration but password protected portions will not. You should avoid submitting personally identifiable information such as personal contact information on résumés.

In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. We will not contact you for resubmission of uncompressed versions of files. Compressed information in the application will not be forwarded for consideration.

You must submit your application in a format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. If you submit documents that do not conform to these instructions, we will exclude them from your application during the review process.

Important Grants.gov Information

You may access the electronic application for this program on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number or CFDA number, both of which can be found on page 1 of this funding opportunity announcement.

To ensure successful submission of your application, you should carefully follow the step-by-step instructions provided at <http://www.grants.gov/web/grants/applicants/apply-for-grants.html>. These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information. **You are responsible for reviewing all Grants.gov submission requirements on the Grants.gov site.**

You should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov. See Contacts below. See Section D.3 for requirements related to DUNS numbers and SAM registration.

E. APPLICATION REVIEW INFORMATION

1. Criteria: Federal staff and an independent review panel will assess all eligible applications according to the following criteria. Disqualified applications will not be reviewed against these criteria

- Background and Need (25 points)
- Project Approach and Alignment to Expectations and Priorities (30 points)
- Capacity, Experience, and Partnership (20 points)
- Project Management (10 points)
- Performance Measures & Evaluation Plan (10 points)
- Reasonableness of Budget (5 points)

Background and Need (25 points)

- To what extent does the proposed project have the potential to reduce teen pregnancy, improve adolescent health and address youth sexual risk holistically? Does the project address at least one protective factor associated with improving adolescent health and addressing youth sexual risk holistically and how well is this justified?
- To what extent is there need and demand for the project?
- To what extent will the proposed project be useful, valuable, and meet the needs and demand identified?
- To what extent is the proposed project coherent and feasible?

Project Approach and Alignment to Expectations and Priorities (30 points)

- How well does the proposal selected for implementation address one or more of the protective factors from Table 1? To what extent has the proposed project demonstrated how it will measure the effect of the proposed innovative approach?
- To what extent is the proposed project and approach fully aligned with the priorities and expectations of this FOA?
- How likely is the project to make an impact on improving adolescent health and addressing youth sexual risk holistically? How likely is the project to make a meaningful contribution to the field?

Capacity, Partnerships, and Experience (20 points)

- To what extent does the applicant organization demonstrate the capacity to develop and maintain partnerships? To what extent does the applicant organization have the capacity to make sub-awards?
- To what extent are the key partners identified, relevant, and appropriate for specific expectations? To what extent are key partnerships documented with MOUs or letters of commitment? If subrecipients are identified, how relevant and appropriate are the subrecipients for the project expectations?
- How well will the project ensure collaboration among the project team, within the communities served?
- To what extent does the applicant organization, key partners, and project team have the leadership, experience, capacity, and education/training necessary to execute the project, and complete the project expectations?

Project Management (10 points)

- How well does the proposal address project management? Given the overall project, approach, and partners, how appropriate is the management and monitoring structure?
 - To what extent will the overall project management plan ensure a successful project that meets or exceeds the grantee expectations?
 - To what extent are the roles and responsibilities and reporting structure clearly described, appropriate, and relevant for the proposed project, including integration of key partners?
- How adequate is the staffing plan for the proposed project?

Performance Measures & Evaluation Plan (10 points)

- How rigorous is the proposed evaluation of the project?
- How well does the proposed evaluation align with the project approach *and* project expectations?
- To what extent are limitations in the evaluation design accurately identified and addressed?
- How feasible is the proposed evaluation?

Reasonableness of Budget (5 points)

- The extent to which the application includes a detailed first-year budget and line item justification for all operating expenses that is consistent with the proposed program objectives.

- The extent to which the applicant provides a combined multi-year budget for the project period that is consistent with the proposed program objectives and funding restrictions.
- To what extent does the proposed budget align with the work plan?
- To what extent does the proposed budget appear to include sufficient resources to conduct all aspects of the proposed project?

2. Review and Selection Process

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth above.

An independent review panel will evaluate applications that meet the responsiveness criteria, if applicable, and are not disqualified. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section E.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

The Director of the Office of Adolescent Health, in consultation with the Assistant Secretary for Health (ASH) will make final award selections to be recommended to the Grants Management Officer for risk analysis. In making these decisions, the Director of the Office of Adolescent Health, in consultation with the ASH may take into consideration the following additional factor(s)]:

- a) Geographic distribution of projects,
- b) Demographic diversity of populations to be served,
- c) Diversity in evaluation types across projects, and

d) Diversity of approaches across projects.

All award decisions, including level of funding if an award is made, are final and you may not appeal.

3. Review of Risk Posed by Applicant

The HHS/OASH will evaluate, in accordance with 45 CFR § 75.205, each application selected for funding by the program official indicated in Review and Selection Process for risks before issuing an award. This evaluation may incorporate results of the evaluation of eligibility or the quality of an application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed will be applied to the Federal award. Such conditions may include additional programmatic or financial reporting or releasing funds on a reimbursable rather than cash advance basis. OASH will use a risk-based approach and may consider any items such as the following:

- (a) Your financial stability;
- (b) Quality of management systems and ability to meet the management standards prescribed in 45 CFR part 75;
- (c) History of performance. Your record in managing Federal awards, if you are a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (d) Reports and findings from audits performed; and

(e) Your ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$150,000), we are required to review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). You may, at your option, review information in SAM and comment on any information about yourself that a Federal awarding agency previously entered and is currently available through SAM. We will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards when completing the review of risk.

If an we do not make an award to you because we determine your organization does not meet either or both of the minimum qualification standards as described in 45 CFR §75.205(a)(2), we must report that determination to FAPIIS, if certain conditions apply. At a minimum, the information in the system if you are a prior Federal award recipient must “demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics.” 45 CFR § 75.205(a)(2); see also 45 CFR §75.212 for additional information.

4. Anticipated Announcement and Federal Award Dates

HHS/OASH seeks to award funds as much in advance of the anticipated project start date shown in Section B “Federal Award Information,” as practicable, with a goal of 10-15 days. Note this is an estimated start date and award announcements may be made at a later date and with a later project period start date.

F. FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

HHS/ OASH does not release information about individual applications during the review process. If you would like to track your application, please see instructions at <http://www.grants.gov/web/grants/applicants/track-my-application.html>. The official document notifying you that a project application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH OGM. If you are successful, you will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount awarded, the purposes of the award, the anticipated length of the project period, terms and conditions of the award, and the amount of funding to be contributed by the recipient to project costs, if applicable.

If you receive an NOA, we strongly encourage you to read the entire document to ensure your organization’s information is correct and that you understand all terms and conditions. You should pay specific attention to the terms and conditions, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the award for assistance and monitoring.

If you are unsuccessful or deemed ineligible according to the disqualification criteria, you will be notified by HHS/OASH by email and/or letter. If your application was reviewed by the independent review panel, you may receive summary comments pertaining to the application resulting from the review process. On occasion, you may receive a letter indicating that an application was approved but unfunded. These applications may be kept active for one year and may be considered for award without re-competing should funds become available during the hold period.

2. Administrative and National Policy Requirements

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, or other Department regulations and policies in effect at the time of the award.

In addition, your organization must comply with all terms and conditions outlined in the Notice of Award, the U.S. Department of Health and Human Services (HHS) Grants Policy Statement (GPS), requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts. The current HHS GPS is available at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf> Please note HHS plans to revise the HHS GPS to reflect changes to the regulations; 45 CFR parts 74 and 92 have been superseded by 45 CFR part 75.

You may only use award funds to support activities outlined in the approved project plan. If your application is funded, your organization will be responsible for the overall management of activities within the scope of the approved project plan. Please consult the HHS GPS Section

II and 45 CFR § 75.308 for aspects of your funded project that will require prior approval from the Grants Management Officer for any changes. Modifications to your approved project that will require prior approval include, but are not limited to: a change in the scope or the objective(s) of the project or program (even if there is no associated budget revision, such as reduction in services, closing of service or program site(s)); significant budget revisions, including changes in the approved cost-sharing or matching; a change in a key person specified in your application; reduction in time devoted to the project by the approved project director or principal investigator, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or the subawarding, transferring or contracting out of any work that was not described in the approved proposal.

Program-specific Terms and Conditions

Prior approval is required for change of time or replacement of Key Personnel in addition to the Project Director/Principal Investigator. Key Personnel for this project are those that support day-to-day project management in addition to the Project Director, such as Project Manager, Project Coordinator, etc. Key Personnel also includes the lead evaluator.

Closeout of Award

Upon expiration of your project period, if we do not receive acceptable final performance, financial, and/or cash reports in a timely fashion within the closeout period, and we determine that closeout cannot be complete with your cooperation or that of the Principal Investigator/Project Director, we may elect to complete a unilateral closeout. (See F.3 Reporting below for closeout reporting requirements.) As a result, we may determine that enforcement actions are

necessary, including on another existing or future award, such as withholding support or a high-risk designation.

Lobbying Prohibitions

You shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You shall not use any funds from an award made under this announcement to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

The above prohibitions include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Non-Discrimination Requirements

Pursuant to Federal civil rights laws, if you receive an award under this announcement you must not discriminate on the basis of race, color, national origin, disability, age, and in some cases sex and religion. The HHS Office for Civil Rights provides guidance for complying with civil rights laws that prohibit discrimination. <https://www.hhs.gov/civil-rights/index.html>.

HHS provides guidance to recipients of federal financial assistance on meeting the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency. See *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, 68 Fed. Reg. 47311, 47313 (HHS Office for Civil Rights, 2003, www.gpo.gov/fdsys/pkg/FR-2003-08-08/pdf/03-20179.pdf) You must ensure your contractors and subrecipients also comply with federal civil rights laws

The *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (National CLAS Standards), 78 Fed. Reg. 58539, 58543 (HHS Office of Minority Health, 2013, www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23164.pdf), provides a practical framework for applicants to provide quality health care and services to culturally and linguistically diverse communities, including persons with limited English proficiency.

Compliance with the National CLAS Standards meets the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency.

Smoke- and Tobacco-free Workplace

The HHS/OASH strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/OASH mission to protect and advance the physical and mental health of the American people.

Acknowledgement of Funding and HHS Rights to Materials and Data

Federal support must be acknowledged in any publication you develop using funds awarded under this program, with language such as:

This publication (journal article, etc.) was supported by Award No. _____ from the Office of the Assistant Secretary of Health (OASH). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OASH.

All publications you develop or purchase with funds awarded under this announcement must be consistent with the requirements of the program. You own the copyright for materials that you develop under this award, and pursuant to 45 CFR § 75.322(b), HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for Federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104). For the full text of the award term, go to http://www.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at <http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/>

Pilot Whistleblower Protection

If you receive an award, you will be subject to a term and condition that applies the terms of 48 CFR § 3.908 to the award, and requires that you inform your employees in writing of employee whistleblower rights and protections under 41 U.S.C. § 4712 in the predominant native language of the workforce.

Same-sex Spouses, Marriages, and Households

A standard term and condition of award will be included in the final Notice of Award (NOA) that states: “In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary

eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By “same-sex spouses,” HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By “same-sex marriages,” HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By “marriage,” HHS does not mean registered domestic partnerships, civil unions, or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage.”

3. Reporting

Performance Reports

You must submit performance reports on a quarterly basis. Your performance reports must address content required by 45 CFR § 75.342(b)(2). The awarding program office may provide additional guidance on the content of the progress report. You must submit your performance reports by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

You will also be required to submit a final performance report covering the entire project period 90 days after the end of the project period. You must submit the final report by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

Performance Measures

All recipients are expected to collect a common set of performance measures to assess program implementation. Depending upon the approach, unique measures may be included related to whether the program is observing intended program outcomes. Recipients must collect all performance measures and report to OAH on a semi-annual basis (pending OMB approval). Performance measures are submitted to OAH through the OAH Performance Measures website. Final performance measures will be provided to grantees during the first six months of funding and will include measures on reach, dosage, implementation fidelity and quality, sustainability, partnerships, trainings, and dissemination.

In addition,

At the end of each funding year, the recipient will:

- Describe the results of the formative, process/implementation evaluation for the year, together with lessons learned and improvements made to the program as a result.
- Describe the proposed summative outcome/impact evaluation, as well as any changes to the original plan as a result of the previous year's evaluation and implementation.
- Describe how the recipient successfully wove optimal health into every component of the project, together with lessons learned and improvements that will be made the next grant cycle.
- Describe how the recipient clearly communicated that teen sex is a risk behavior to students, together with lessons learned and improvements that will be made the next grant cycle.

- Provide specific examples of how the recipient shared meaningful information and practical skills to assist youth in successfully avoiding sexual risk together with lessons learned and improvements that will be made the next grant cycle.
- Describe how the recipient provided affirming and practical skills for those engaged in sexual risk to make healthier and risk-free choices in the future, together with lessons learned and improvements that will be made the next grant cycle.

Financial Reports

You will be required to submit quarterly Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of award. You will also be required to submit a final FFR covering the entire project period 90 days after the end of the project period. You must submit FFRs via our grants management system (GrantSolutions.gov) FFR module.

Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note, at this time, these FFR reports are separate submissions via the Payment Management System. At this time, data is not transferable between the two systems and you will report twice on certain data elements.

Audits

If your organization receives \$750,000 or greater in Federal funds, it must undergo an independent audit in accordance with 45 CFR part 75, subpart F.

Non-competing Continuation Applications and Awards

Each year of the approved project period, you will be required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget

and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well in advance of the application due date. HHS/OASH will award continuation funding based on availability of funds, satisfactory progress of the project, grants management compliance, including timely reporting, and continued best interests of the government. Additionally, failure to provide final progress or financial reports on other awards from HHS may affect continuation funding.

FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both recipient and sub-award organizations.

Reporting of Matters Relating to Recipient Integrity and Performance

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph A.2 of Appendix XII to 45 CFR part 75—Award Term and Condition for Recipient Integrity and Performance Matters. This is a statutory requirement (41 U.S.C. § 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated

integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see Appendix XII to 45 CFR part 75.

Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with 2 CFR § 180.335, you as the participant must notify HHS/OASH, if you know that you or any of the principals for that covered transaction:

- (a) Are presently excluded or disqualified;
- (b) Have been convicted within the preceding three years of any of the offenses listed in 2 CFR § 180.800(a) or had a civil judgment rendered against you for one of those offenses within that time period;
- (c) Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in 2 CFR § 180.800(a); or
- (d) Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with 2 CFR § 180.350, you must give immediate written notice to HHS/OASH if you learn either that—

- (a) You failed to disclose information earlier, as required by 2 CFR § 180.335; or
- (b) Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 CFR § 180.335.

G. CONTACTS

Administrative and Budgetary Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH grants management specialist listed below.

Roscoe Brunson

Office of Grants Management

1101 Wootton Parkway, Suite 550

Rockville, MD

Phone: 240-453-8822

Email: roscoe.brunson@hhs.gov

Program Requirements

For information on program requirements, please contact the program office representative listed below. Letters of Intent should be emailed to the address below.

Attn: OAH TPP Tier 2 FY2018 FOA

1101 Wootton Parkway, Suite 700

Rockville, MD 20852

Phone: 240-453-2846

Email: FY18TPPTier2_FOA@hhs.gov

Electronic Submission Requirements

For information or assistance on submitting your application electronically via Grants.gov, please contact Grants.gov directly. Assistance is available 24 hours a day, 7 days per week.

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H. OTHER INFORMATION

Awards under this Announcement

We are not obligated to make any Federal award as a result of this announcement. If awards are made, they may be issued for project periods shorter than indicated. Only the grants officer can bind the Federal government to the expenditure of funds. If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award; it only means that your application is still under consideration.

Application Elements

The below is a summary listing of all the application elements required for this funding opportunity.

Application for Federal Assistance (SF-424)

Budget Information for Non-construction Programs (SF-424A)

Assurances for Non-construction Programs (SF-424B)

Disclosure of Lobbying Activities (SF-LLL)

Project Abstract Summary

Project Narrative – Submit all Project Narrative content as a single acceptable file, specified above.

Budget Narrative – Submit all Budget Narrative content as a single acceptable file, specified above.

Appendices – Submit all appendix content as a single acceptable file, specified above **in the Attachments section of your Grants.gov application.**

A handwritten signature in black ink, reading "Evelyn M. Kappeler". The signature is written in a cursive style with a large initial "E".

5/8/18

Evelyn M. Kappeler, Director, OAH

Date

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Appendix B: Glossary of Terms

Collective Impact: A structured organization of community partners addressing social issues systemically by coordinating efforts around a specific goal. In order for a collaborative effort to be considered a collective impact, it must include: 1) a common agenda; 2) a shared measurement system; 3) mutually reinforcing activities; 4) continuous communication; and 5) a backbone organization, which anchors and organizes the effort.

Community Collaboration: A community collaborative refers to a group of individuals or organizations who unite under a common mission and work toward a shared goal on behalf of their community.

Community Mobilization: Community mobilization refers to the process of engaging, connecting, and empowering different sectors of a community to jointly address a complex social issue, such as teen pregnancy. Through this process, community members develop a shared vision and advance a community action plan.

Design-Thinking and Human-Centered Design: A creative approach to solving problems that starts with people and ends with innovative solutions that are tailor-made to suit their needs. Often includes different stages, such as inspiration (learning more about users), ideation, and implementation.

Implementation-Readiness: Characteristics of a program/strategy/intervention to ensure completeness and readiness to implement in order to ensure evaluation would be valuable.

Innovation: New or promising approaches, interventions, curricula, or services informed by scientific theory or empirical evidence that may lead to or have the potential to result in a substantial reduction in teen pregnancy rates. An early innovation is in the initial stages of development and is not yet ready to be rigorously evaluated.

Innovator: An individual or team that is developing a new or promising approach, intervention, curricula or service that may lead to or have the potential to result in a substantial reduction in teen pregnancy rates.

Levels of Evidence: Refers to whether a program/strategy exhibits strong, moderate, or emerging/promising evidence of effectiveness as determined by the findings and quality of research and evaluation. (See Table 5)

Protective Factors: A characteristic at the biological, psychological, family, or community level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes. Protective factors can discourage one or more behaviors that might lead to pregnancy or encourage behaviors to prevent them.

Risk Factors: A characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes. Risk factors encourage behaviors that might lead to pregnancy or discourage behaviors that might prevent pregnancy.

Appendix C: Example Template for Level of Evidence of Each Selected Program/Strategy

1. Program/Strategy

Describe your program/strategy; include the name

2. Type of Evaluation(s) Selected

☐ Program Evaluation

☐ Component Testing

☐ Methodological Evaluation

Appendix D: Example of Rigorous Evaluation Template

Rigorous Evaluation Design Plan Template
Impact Evaluation Design
<p>Assignment Methods –Identify the study design for the proposed evaluation. Explain how the applicant would assign participants to the treatment and comparison groups. Describe the assignment mechanism and has justified that the proposed mechanism will produce equivalent groups (treatment and comparison conditions).</p> <ul style="list-style-type: none"> • If a <i>Randomized Controlled Trial</i> (RCT) is proposed: Identify the unit of random assignment and align it with the unit of analysis. Describe the procedures to conduct the random assignment, including who would implement the random assignment, how the procedure would be implemented, and procedures to verify probability of assignment groups, described and generated by random numbers. Discuss any concerns that proposed strategies or approaches may lead to nonequivalent groups. • If a <i>Quasi-Experimental Design</i> (QED) is proposed: Identify the unit of matching and aligns it with the unit of analysis. Describe procedures to carry out the matching. Describe how variables to be used in the matching are supported by precedent in the literature. Describe how methods used to form the comparison group are described and the validity of the matching. Describes reasons why the comparison group might differ from the treatment group and threaten internal validity, and discuss the ways in which the proposed methods adjust for those differences. • If a <i>Regression Discontinuity Design</i> (RDD) is proposed: Identify the measures and cutoff score used to develop the treatment and comparison groups, and align the cut-off score with the unit of analysis. Describe how the cutoff score is delineated, and discuss how the cutoff score has sufficient range to constitute meaningful differences between the two groups to ensure internal validity. • If <i>Interrupted Time Series Design</i> is proposed: Identify the measures to be tracked and the source(s) of administrative data. Describe methods to be used to ensure representative samples of the target population are drawn. Describe methods to be used to form the comparison group. Demonstrate that the number of time points to be measured prior to and after the intervention is sufficient to establish a trend and rule out rival explanations. Describe the timing of measures and their appropriateness to the strategy to be tested. Plans to include comparison cases should be provided, and comparison cases should be clearly described. • Other, such as Rapid Cycle Evaluation, for rigorous component testing.
<p>Research Questions - Include a list of research questions that align with the intended goals of the strategy/approach and identify the protective factor(s) to be addressed. Identify outcome measures that can be used to reasonably evaluate the effect of the intervention (in particular, at least 1 sexual behavior outcome which success demonstrates a decrease in risk .Eg delay in sexual debut, consistent and correct condom usage).</p>
<p>Counterfactual and Context - Describe any services provided to the comparison group and contrast these services to those provided to individuals receiving the approach or strategy. Describe how the services to be provided to the intervention and comparison groups are different from each other and justify that the proposed project would be likely to change behavior and meaningful impacts on those behaviors detected during analysis.</p>
<p>Target Population - Clearly define the target population for the evaluation and identify the protective factor(s) to be targeted. Provide criteria that will be used to select a sample to evaluate the approach or strategy. Provide justification that a large enough sample exists to evaluate the approach or strategy.</p>
<p>Consent Methods - Provide an explanation of how the consent of participants will be acquired. Describe the estimated rate of consent for study participants and provides a reasonable justification of the expected consent rate.</p>
<p>Evaluation Process</p> <p>Recruitment Methods - Provide an explanation of the plan to recruit participants for the study. Discuss and address any challenges the applicant might face when attempting to recruit participants.</p> <p>Tracking Methods - Describe how the contact information of evaluation participants will be acquired and regularly updated. Explain how the contact information that will be acquired will be comprehensive enough to allow the applicant to remain in contact with participants throughout the study.</p>

Plans for Retaining Sample in the Evaluation - Discuss the methods to maximize the participation of individuals who are part of the evaluation sample – both treatment and control/comparison groups. Describe why the retention methods discussed are likely to be approved by the IRB and would successfully improve participation. Describe and justify the expected survey response rates.

Monitoring - Describe the process for monitoring the quality of the evaluation as it is occurring. Include an examination of sample intake, response rates at baseline and follow-up, and participant participation.

Data, Instruments & Timing – Discuss what information would be gathered about how closely the actual implementation of the strategy matches the planned implementation, the quality of the services provided within the treatment group, and the experiences of the comparison group and any contextual factors that might impact the strategy's outcomes. Describe any additional measures and information that the implementation analysis will gather. Describe when the implementation data will be collected and who will collect the data.

Document the procedures for collecting input and output data for the implementation analysis. Provide a detailed description of the impact survey that will be administered. Describe how the survey would gather information for each measure that the applicant will use to evaluate the impact of the strategy. Clearly define the timing of data collection relative to the delivery of the intervention. Describe plans to collect implementation data, and impact survey data at 3 points in time from study participants.

Justify how the evaluation timeline provides adequate time for planning and final analysis, including developing a final report by 6 months before the end of the grant. Describe clearly timing of strategy administration, data collections (including a complete analysis of long-term outcomes), and the reporting process, can be completed by the end of the fifth year of grant funding.

Procedures/Modes of data collection - Discuss a process for protecting human subjects and a timeline for acquiring the approval of an IRB. Identify the IRB to be used during the study. Provide a detailed explanation of the data collection process, including who will collect the data and primary and secondary methods for contacting participants. Indicate how proposed staffing staff is sufficient to support the data collection effort. Describe any systems that will be used to enter and store data. Discuss whether the mode of data collection is the same for the intervention and control groups. Include the expected sample sizes at each data collection point. If administrative records (such as, but not limited to, school academic records) will be used, describe the source and availability of these data as well as the evaluator's experience using these data sources. Describe any limitations of the proposed evaluation and how the evaluator will attempt to address any limitations described.

Sampling Plan and Power Analyses – Provide an estimate of the statistical power for the study and describe how the power is consistent with study design. Describe the statistical power analysis used to arrive at the sample size and includes the Minimum Detectable Effect (MDE) that has an 80% chance of being statistically significant at a specific alpha level, for each outcome. Describe the outcomes and assumptions used in the statistical power calculations. Explain how assumptions for the MDE calculation are consistent with information presented earlier in the proposal (e.g., the number of participants in the study, after non-consent and non-response). Justify why the study will find an effect larger than the MDE calculated. State whether any analyses of subgroups are planned, and if subgroup analyses are planned, present additional statistical power analyses to estimate those MDEs.

Formative, Process/Implementation Evaluation Design

Formative, Process/Implementation Evaluation Design – Describe the plan to initiative formative evaluation and assess the implementation of the approach/strategy, including, but not limited to, monitoring implementation fidelity (adherence), quality, , and contextual factors. Describe any inputs or outputs that would be measured to assess implementation. Include plans to continue this evaluation throughout the entire term of the grant.

Evaluator Qualifications and Capacity

Evaluator Qualifications – Identify the proposed evaluator by name. Describe the proposed evaluator’s track record of conducting similar high-quality impact and implementation analyses of similar approaches/strategies. Describe the evaluator’s education, training, and previous experience conducting similar studies, with a similar population, in similar settings as the one proposed, using similar methods as proposed, and/or at a similar scale (that is, a similar number of sites). Demonstrate that the evaluator has sufficient staffing to complete all aspects of the study, including data collection, data analyses, and evaluation monitoring.